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APPLICANTS

Roger S. Kerr, Brockport, NY;
 Timothy J. Tredwell, Fairport, NY;
 Badhri Narayan, Rochester, NY;
 Diane M. Carroll-Yacoby, Honeoye Falls, NY;

** CONTINUING DATA ***** *None PTW*** FOREIGN APPLICATIONS ***** *None PTW***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i>				
Verified and Acknowledged <i>D. M. Carroll</i> Examiner's Signature	Initials <i>PTW</i>			

ADDRESS

Milton S. Sales
 Eastman Kodak Company
 Patent Legal Staff
 343 State Street
 Rochester, NY14650-2201

TITLE

Data collection device

FILING FEE RECEIVED 1242	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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